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JC962 U.S. PTO

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PTO/SB/05 (08-00)  
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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>See MPEP chapter 600 concerning utility patent application contents.</p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>18</u>] (preferred arrangement set forth below)           <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets <u>3</u> ]</p> <p>5. Oath or Declaration [ Total Pages <u>  </u> ]           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 17 completed)               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul> </p>	
<b>ACCOMPANYING APPLICATION PARTS</b>			
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other: .....</p>			
<b>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</b>			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		of prior application No.: _____ / _____	
Prior application information: Examiner _____		Group / Art Unit: _____	
<b>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</b>			
<b>18. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="text-align: center; margin-top: 5px;"> </div>		<input type="checkbox"/> Correspondence address below <div style="margin-top: 10px;">           _____  <small style="font-size: small;">(Address if different)</small> </div>	
Name	<b>23574</b>		
Address	PATENT TRADEMARK OFFICE		
City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/Type)	Andrei D. Popovici		42,401
Signature			Date 3/19/2001

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$)</b>	<b>1,110</b>
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## Complete if Known

Application Number	n.a.
Filing Date	filed herewith
First Named Inventor	Wang
Examiner Name	n.a.
Group Art Unit	n.a.
Attorney Docket No.	OPT-101

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
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101	710	201	355	Utility filing fee
106	320	206	160	Design filing fee
107	490	207	245	Plant filing fee
108	710	208	355	Reissue filing fee
114	150	214	75	Provisional filing fee

Fee Paid

710

SUBTOTAL (1) **(\\$)** 710

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
13	-20** = 0	X 18 = 0	= 0
Independent Claims	8 - 3** = 5	X 80 = 400	
Multiple Dependent			

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
---------------	---------------	-----------------

103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\\$)** 400

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify) _____			
* Reduced by Basic Filing Fee Paid			
<b>SUBTOTAL (3) <b>(\\$)</b> 0</b>			

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Andrei D. Popovici	Registration No. (Attorney/Agent)	42,401	Telephone	(650) 233-1898
Signature	A.D. Popovici			Date	03/19/2001

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